



PART B - FEE(S) TRANSMITTAL

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26384 7590 01/26/2005
NAVAL RESEARCH LABORATORY
ASSOCIATE COUNSEL (PATENTS)
CODE 1008.2
4555 OVERLOOK AVENUE, S.W.
WASHINGTON, DC 20375-5320

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/835,127	04/12/2001	Michael L. Picciolo	NC 82,774	7475

TITLE OF INVENTION: PSEUDO-MEDIAN CASCADED CANCELLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/26/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
DO, CHAT C	2124		708-322000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John J. Karasek _____

2 Sally A. Ferrett _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America as
represented by the Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0281 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Sally A. Ferrett

Date 2/7/05

Typed or printed name SALLY A. FERRETT

Registration No. 46 325

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Fax Transmission from:
Sally Ferrett
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Associate Counsel Intellectual Property, Code 1008.2
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202-404-1551

Date: February 7, 2005

To: U.S. Patent and Trademark Office, MAIL STOP: ISSUE FEE
Fax: (703) 746-4000

Re: 09/835127
Picciolo et al
Filing Date: April 12, 2001
Attorney Docket No. 82,774

Please find enclosed:

Issue Fee Payment PTOL-85 with authorization to charge deposit account (2 pages)

2 pages follow

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I HEREBY CERTIFY THAT THIS PAPER
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